



BUILDING PERMIT
Town of Islip Building Division
1 Manitton Ct., Islip, NY 11751
www.townofislip-ny.gov

PERMIT(S) REQUESTED (Check one or more)
Numbers in italics refer to questions on right.

- ☒ Building Permit (must be issued before work starts)
- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Main Building | <input type="checkbox"/> Addition | 1-4, 6, 8-10, 11 |
| <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Addition | 1-4, 6-8, 11 |
| <input type="checkbox"/> Interior Alteration | | 1-4, 8-10, 11 |
| <input type="checkbox"/> Interior Arrangement | | 1-4, 6, 8-10, 11 |
| <input type="checkbox"/> Fire Damage Repair | | 1-4, 6, 8-10, 11 |
| <input type="checkbox"/> Fireplace/Wood Coal Stove | | 3, 9, 10, 11 |
| <input type="checkbox"/> Swim/Pool | <input type="checkbox"/> In-ground | <input type="checkbox"/> Above 1-6, 9, 10, 11 |
| <input type="checkbox"/> Hot Tub | 4-Foot Safety Fence Required | |
| <input type="checkbox"/> Change of Use/Occupancy | | 1-4, 6, 7, 9, 10, 11 |
| <input type="checkbox"/> Site Work Only | | 1-3, 7, 9, 10, 11 |
| <input type="checkbox"/> Revision of Issued permit | | 1-9, 10, 11 |
| <input type="checkbox"/> Truss Sign \$50 | <input type="checkbox"/> Other: | _____ |
| <input type="checkbox"/> Solar Panels | | |

PROPERTY ADDRESS - Tel. _____

Name _____

Address _____

PROPERTY OWNER- Tel. _____

Address _____

CONTRACTOR- Tel. _____

Name _____

Address _____

BOARD OF APPEALS

Granted _____

Denied _____

Office Use Only

0500- _____ Building _____
Address _____ Parking Lot _____
Post Office _____ Fireplace _____
Receipt # _____ Front Foot _____
Base Fee _____ Recreation _____

FINAL SURVEY REQ'D FOR CO Review Eng. Insp. Fee _____
☐ Yes ☐ No Contr. Comm. Fee _____
TOTAL FEE _____

ZONING _____ APPROVED _____ DATE _____
APPROVED TO ISSUE _____ DATE _____
SPECIAL CONDITIONS OF PERMIT _____

FLOOR AREA to be constructed or altered _____ total square feet
LL _____ UL _____ GAR _____ DECK _____
Basement _____ Finished _____ Unfinished _____ Porch _____

Percent of Lot occupied:
Existing Main Structure _____ % Accessory Structures _____ %
Proposed Main Structure _____ % Accessory Structures _____ %
DATE FILED _____ DATE ISSUED _____
By: _____ Expires _____

A permit shall expire one (1) year after the date of issuance. Upon payment of the proper fees, a permit may be renewed, but not more than three one year renewals may be granted. No renewals are allowed on pools or second story decks.

1. SIZE & USE of existing structure _____
2. PROPOSED USE _____
3. DESCRIPTION OF PROPOSED WORK _____
4. FLOOR AREA to be constructed or altered _____ Total sq. feet of all floors excluding cellars and attic. Parking Lot Area _____ sq. feet
5. IF MASTER PLAN, identify: _____
6. SETBACKS: Distance new structure to be from property line after construction (corner lots) Front Yard _____ Other Front Yard _____ Rear Yard _____ Side Yard _____ Other Side Yard _____
7. SIZE of property () x () = _____ sq. ft. or _____ Acres
8. HEIGHT of building from average grade to ridge _____ Feet _____
9. PROPERTY LOCATION: Post Office _____ Street _____ Side of Street ☐ N ☐ S ☐ E ☐ W Nearest Cross Street _____ Direction from Cross St. ☐ N ☐ S ☐ E ☐ W Distance from cross St. _____ ft. If on Corner ☐ NE ☐ SE ☐ SW ☐ NW School District _____
10. Are there any Property Covenants or Condition of Special Permits which would affect the development of this property? _____ If yes, please attach.
11. Name of Filed Map _____ Lot No. on Filed Map _____

I understand that before a building permit can be issued, adjoining street must meet minimum Town standards or be bonded for same and that a Certificate of Occupancy for work done under this permit will not be issued until road damage caused during construction is repaired or bonded for same. I understand that the Town is relying on the information provided herein; any inaccuracy may cause delay or additional fees. I swear that this application is a true and complete statement of all proposed work on the described premises, that I have in effect all required insurance, including workers compensation insurance, and that I presently possess a valid Suffolk County home improvement license, if applicable.

*This permit issuance expressly implies approval by the landowner of inspections required of the premises.

NAME _____
(PRINT)

SIGNATURE OF PROPERTY OWNER _____

Sworn to before me this ____ day ____ of 20 ____

Notary Public Signature _____

NAME _____
(PRINT)

SIGNATURE OF CONTRACTOR _____

County Home Improvement License # _____

Sworn to before me this ____ day ____ of 20 ____

Notary Public Signature _____

Important: Please be advised that by submitting the within application to the Town of Islip for the requested purpose, you, as the applicant, acknowledge and agree that a modification or addition may be made to your Certificate of Occupancy/Compliance. No further notice of any resultant modification or addition shall be required.

Revised: 8/10